



Associates □ Consulting Engineers

SDMS Document



88398

27 Bleeker Street
Millburn, NJ 07041-1008
Telephone: 201-379-3400
Fax: 201-912-2400
Telex: 64-2057

October 15, 1992

Ms. Kathleen Katz
Case Manager
Industrial Site Evaluation Element
New Jersey Department of Environmental
Protection and Energy
CN 028
401 East State Street, Floor 5
Trenton, New Jersey 08625-0028

RE: September 1992 Monthly Progress
Report on Remedial Activities
at the Former Hexcel Site
205 Main Street, Lodi Borough
Bergen County, New Jersey
ECRA Case No. 86009

Dear Ms. Katz:

On behalf of Hexcel Corporation, Killam Associates (Killam), has prepared this summary report of remedial activities performed at the above referenced site during the period of September 1, 1992 to October 1, 1992. This report satisfies the requirements of Paragraph 36 of the New Jersey Department of Environmental Protection and Energy (NJDEPE) conditional approval letter of July 31, 1990.

A. GROUNDWATER

Collection of Basement Seepage Water

The air stripping towers and incinerator were operated during the month of September, 1992 in order to treat 4,200 gallons of basement seepage water collected during the month of August, 1992.

Upper Overburden Aquifer

No additional work was performed relating to the upper overburden aquifer.

Lower Overburden Aquifer

Killam reviewed and commented on the Lower Overburden Aquifer Injection Well Feasibility Report and the Bedrock Aquifer Characterization Report, both by Heritage Remediation/Engineering. The finalized versions of these reports are being submitted under a separate cover with this month's Progress Report. In addition, Killam has also prepared a report on the hydrogeology of the site based upon Killam's observations and modelling. This report, entitled Hydrogeologic Model of the Former Hexcel Corporation Site is also being submitted under a separate cover with this month's Progress Report to satisfy the NJDEPE's requirement for an "offsite receptor study" of the former Hexcel site. This requirement of defining the relationship between various aquifers relevant to the former Hexcel site and the Saddle River was discussed during the August 27, 1992 meeting between the NJDEPE and Killam, and was memorialized in your letter to Edward A. Hogan, Esq., dated September 10, 1992.

Ms. Katz
October 15, 1992
Page Two

B. SOILS

Stockpiled Soil

On October 2, 1992, ninety (90) tons of stockpiled soil was removed from the former Hexcel Site and disposed of at the Chemical Waste Management Landfill in Model City, New York. Direct Environmental, Inc. of East Orange, New Jersey arranged for the removal and disposal of the soil. Copies of the manifests can be found in Appendix A of this report.

C. GROUNDWATER TREATMENT SYSTEM OPERATION

The 4,200 gallons of basement seepage water collected in the month of August was treated and discharged on September 1, 1992 to the Passaic Valley Sewer Commissioners. The MR-2 forms and the accompanying laboratory analyses of the aforementioned discharge may be found in Appendix B of this report.

The groundwater, LNAPL and DNAPL monitoring plans have been combined into a single report called Groundwater/DNAPL/LNAPL Monitoring Plan. This report is being submitted under a separate cover with this monthly Progress Report.

D. DENSE NON-AQUEOUS PHASE LIQUID (DNAPL)

Approximately 500 gallons of water with some DNAPL were recovered during September of 1992. This water was derived from RW7-1 and RW7-5 and was placed in Tank H-7. Approximately 5 gallons of a DNAPL/water mixture were separated out from the 500 gallons of water extracted from the recovery wells.

E. LIGHT NON-AQUEOUS PHASE LIQUID (LNAPL)

The LNAPL recovery system was not operated during the month of September 1992. However, the system will recommence operation upon issuance of the NJPDES SIU Permit.

F. STATUS OF PERMITS

Air Control Apparatus

No activity occurred during this time period.

NJPDES SIU Permit

A final NJPDES SIU Permit was issued on October 1, 1992 and will be effective as of November 1, 1992. At the same time, a draft modification to the final permit, clarifying certain information on the Fact Sheet and deleting the requirements for analyzing certain metals was forwarded.

PVSC Discharge Permit

A final report concerning the feasibility of discharging into the Saddle River was submitted to the PVSC by Environ in August, 1992. A copy of this report, titled Feasibility Analysis for a NJPDES-DSW Permit, Fine Organics Corporation Facility, Lodi, New Jersey, is being submitted under a separate cover with this month's Progress Report.

Ms. Katz
October 15, 1992
Page Three

NJPDES Discharge to Groundwater Permit
No activity occurred during this time period.

NJPDES Discharge to Surface Water Permit
No activity occurred during this time period.

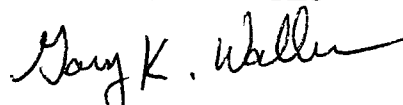
G. SCHEDULE UPDATE

In the progress report for August, 1992, Killam submitted a brief schedule of required items and their submittal dates as requested by the NJDEPE. However, since the NJPDES SIU Permit is not effective until November 1, 1992, and the Soils Remedial Needs Study is currently in preparation, Killam feels that it is not beneficial at this time to create a more detailed schedule. Once the groundwater treatment system is running on a regular basis and the soils agenda for the former Hexcel site has been addressed, Killam believes that a fully detailed schedule would then be appropriate. However, if the NJDEPE still wishes to receive a schedule, please contact me and a schedule will be prepared and submitted. Killam would propose to submit the detailed schedule with the completion of the Soils Remedial Needs Study.

If you have any questions or comments regarding this report, please do not hesitate to contact me at (201) 912-2489.

Very truly yours,

KILLAM ASSOCIATES



Gary K. Walker
Senior Project Scientist

cc: A. William Nosil, Hexcel Corporation
James Higdon, Fine Organics
Lisa Bromberg, Esq.
Essam Saleh, Hexcel Corporation

APPENDIX A

Hazardous Waste Manifests for Soil Removal
October 2, 1992

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039 Expires 9-30-94

Please print or type. Do not Staple.

| | | | | | | | | | | | | | | | | | |
|---|--|--|---|-----------------------|--|--|--|---|--|---|--|---------------------------------|--|---|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA No. NY D 0 0 0 5 4 8 1 1 4 5 9 8 9 1 | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal Law. | | | | | | | | | |
| 3. Generator's Name and Mailing Address WICEL CORPORATION 205 Main Street, Lodi, NJ 07644 | | | | | | A. State Manifest Document No. NY B 585989 1 | | | | | | | | | | | |
| 4. Generator's Phone (201) 472-6800 | | | | | | B. Generator's ID | | | | | | | | | | | |
| 5. Transporter 1 (Company Name) Chemical Waste Management | | | 6. US EPA ID Number TL D 0 9 9 2 0 2 6 8 1 | | | C. State Transporter's ID 48207 LC | | | | | | | | | | | |
| 7. Transporter 2 (Company Name) | | | 8. US EPA ID Number | | | D. Transporter's Phone (716) 271-0510 | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address Chemical Waste Management 1550 Palmer Road Model City, NY 14107 | | | 10. US EPA ID Number NY D 0 4 2 8 3 6 6 7 9 | | | E. State Transporter's ID | | | | | | | | | | | |
| | | | | | | F. Transporter's Phone () | | | | | | | | | | | |
| | | | | | | G. State Facility's ID | | | | | | | | | | | |
| | | | | | | H. Facility's Phone (716) 754-8231 | | | | | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit | | 15. Waste No. | | | | | |
| a. NO Hazardous Substance Solid, H.O.S. (PCB's) ORM-F RA9188 Guide # 31 RC=11b | | | | | | No. Type | | Quantity | | Wt/Vol | | EPA Code | | | | | |
| | | | | | | | | | | | | STATE | | | | | |
| | | | | | | | | | | | | EPA | | | | | |
| | | | | | | | | | | | | STATE | | | | | |
| | | | | | | | | | | | | EPA | | | | | |
| | | | | | | | | | | | | STATE | | | | | |
| J. Additional Descriptions for Materials listed Above Polychlorinated Biphenyls | | | | | | K. Handling Codes for Wastes Listed Above | | | | | | | | | | | |
| a. Soil | | | | | | | | | | | | | | | | | |
| b. | | | | | | | | | | | | | | | | | |
| c. | | | | | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information NO # 206176 NPS # 882562PEC Contract # 809285924 | | | | | | | | | | SKI Job # VIN # 40301 24hr. Emergency Phone # (205) 652-9721 | | | | PO # 1670 NJ Decal # 40301 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway, according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | | | | | |
| Printed/Typed Name EDM E ZALEH | | | | | | Signature EDM E ZALEH | | | | | | Mo. Day Year 11/14/93 | | | | | |
| 17. Transporter 1 (Acknowledgement of Receipt of Materials) | | | | | | | | | | | | | | | | | |
| Printed/Typed Name Thomas H. Marvin | | | | | | Signature Thomas H. Marvin | | | | | | Mo. Day Year 10/29/93 | | | | | |
| 18. Transporter 2 (Acknowledgement of Receipt of Materials) | | | | | | | | | | | | | | | | | |
| Printed/Typed Name EDM E ZALEH | | | | | | Signature EDM E ZALEH | | | | | | Mo. Day Year 11/14/93 | | | | | |
| 19. Discrepancy Indication Space | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Mo. Day Year | | | | | |

UNIFORM HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved OMB No. 2050-0039 Expires 9-30-94

| | | | | | | | | | |
|---|--|---|--|-----------------------------------|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA No. N J D 9 9 6 5 4 9 1 3 4 9 9 9 7 2 | | Manifest Document No. 1 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal Law. | |
| 3. Generator's Name and Mailing Address HEXCEL CORPORATION 205 Main Street, Lodi, NJ 07644 | | | | | | A. State Manifest Document No. NY B 585997 2 | | | |
| 4. Generator's Phone (201) 472-5800 | | | | | | B. Generator's ID SAME | | | |
| 5. Transporter 1 (Company Name) CEC | | | 6. US EPA ID Number 21400917302421 | | | C. State Transporter's ID 867072 | | | |
| 7. Transporter 2 (Company Name) | | | 8. US EPA ID Number | | | D. Transporter's Phone (716) 877-0000 | | | |
| 9. Designated Facility Name and Site Address Chemical Waste Management 1550 Balmer Road Model City, NY 14107 | | | | | | E. State Transporter's ID | | | |
| 10. US EPA ID Number N Y D 0 4 9 3 3 6 6 7 9 | | | | | | F. Transporter's Phone | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | |
| a. NO Hazardous Substance Solid, H.O.S. (PCB's) CHL-E M89183 Guide # 31 HQ-11b | | | | | | No. Type | | Unit | |
| | | | | | | Quantity | | Wt/Vol | |
| | | | | | | Waste No. | | EPA | |
| | | | | | | STATE | | EPA | |
| | | | | | | STATE | | EPA | |
| | | | | | | STATE | | EPA | |
| | | | | | | STATE | | EPA | |
| J. Additional Descriptions for Materials listed Above Polychlorinated Biphenyls | | | | | | K. Handling Codes for Wastes Listed Above | | | |
| a. Sol | | | | | | b. <input checked="" type="checkbox"/> | | | |
| c. 130 | | | | | | d. <input type="checkbox"/> | | | |
| 15. Special Handling Instructions and Additional Information NO # 206177 WPS # 882562HDC Contract # 809285924 | | | | | | DEI Job # VIN # 204070 24hr. Emergency Phone # (205) 652-9121 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name E. J. E. E. E. | | | | | | Signature E. J. E. E. E. | | | |
| 17. Transporter 1 (Acknowledgement of Receipt of Materials) | | | | | | | | | |
| Printed/Typed Name Fred J. Faery | | | | | | Signature Fred J. Faery | | | |
| 18. Transporter 2 (Acknowledgement of Receipt of Materials) | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | |
| 19. Discrepancy Indication Space | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | |
| | | | | | | Mo. Day Year | | | |

VISION OF HAZARDOUS SUBSTANCES REGULATORY
HAZARDOUS WASTE MANIFEST.
 P.O. Box 12820, Albany, New York 12212

Please print, or type. Do not Staple.

Form Approved OMB No. 2050-0039. Expires 9-30-94

| | | | | | | | | | | | | | | | | | |
|--|--|---|---|-----------------------------------|--|--|--|---|--|--------------------|--|--------------------------------|--|-------|--|-----|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA No. NYD90694012459873 | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal Law. | | | | | | | | | |
| 3. Generator's Name and Mailing Address HEXCEL CORPORATION 205 Main Street, Lodi, NJ 07644 4. Generator's Phone (201) 472-6800 | | | | | | A. State Manifest Document No. NY B 585987 3 | | | | | | | | | | | |
| | | | | | | B. Generator's ID | | | | | | | | | | | |
| 5. Transporter 1 (Company Name) Chemical Waste Management | | | 6. US EPA ID Number 6140177212-81 | | | C. State Transporter's ID 423341 | | | | | | | | | | | |
| 7. Transporter 2 (Company Name) | | | 8. US EPA ID Number | | | D. Transporter's Phone (716) 754-8231 | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address Chemical Waste Management 1530 Balmer Road Model City, NY 14107 | | | | | | E. State Transporter's ID | | | | | | | | | | | |
| | | | | | | F. Transporter's Phone () | | | | | | | | | | | |
| 10. US EPA ID Number NYD049836679 | | | | | | G. State Facility's ID | | | | | | | | | | | |
| | | | | | | H. Facility's Phone (716) 754-8231 | | | | | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. 62 Hazardous Substance Solid, H.O.S. (PCB's) OSM-7, NA9188 Grade # 31 EC-11b | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt/Vol | | 15. Waste No. EPA Waste No. | | | | | |
| | | | | | | X 2 1 B 1 | | | | K | | 1007 | | | | | |
| b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z. aa. ab. ac. ad. ae. af. ag. ah. ai. aj. ak. al. am. an. ao. ap. aq. ar. as. at. au. av. aw. ax. ay. az. ba. bb. bc. bd. be. bf. bg. bh. bi. bj. bk. bl. bm. bn. bo. bp. bq. br. bs. bt. bu. bv. bw. bx. by. bz. ca. cb. cc. cd. ce. cf. cg. ch. ci. cj. ck. cl. cm. cn. co. cp. cq. cr. cs. ct. cu. cv. cw. cx. cy. cz. da. db. dc. dd. de. df. dg. dh. di. dj. dk. dl. dm. dn. do. dp. dq. dr. ds. dt. du. dv. dw. dx. dy. dz. ea. eb. ec. ed. ee. ef. eg. eh. ei. ej. ek. el. em. en. eo. ep. eq. er. es. et. eu. ev. ew. ex. ey. ez. fa. fb. fc. fd. fe. ff. fg. fh. fi. fj. fk. fl. fm. fn. fo. fp. fq. fr. fs. ft. fu. fv. fw. fx. fy. fz. ga. gb. gc. gd. ge. gf. gg. gh. gi. gj. gk. gl. gm. gn. go. gp. gq. gr. gs. gt. gu. gv. gw. gx. gy. gz. ha. hb. hc. hd. he. hf. hg. hh. hi. hj. hk. hl. hm. hn. ho. hp. hq. hr. hs. ht. hu. hv. hw. hx. hy. hz. ia. ib. ic. id. ie. if. ig. ih. ii. ij. ik. il. im. in. io. ip. iq. ir. is. it. iu. iv. iw. ix. iy. iz. ja. jb. jc. jd. je. jf. jg. jh. ji. jj. jk. jl. jm. jn. jo. jp. jq. jr. js. jt. ju. jv. jw. jx. jy. jz. ka. kb. kc. kd. ke. kf. kg. kh. ki. kj. kk. kl. km. kn. ko. kp. kq. kr. ks. kt. ku. kv. kw. kx. ky. kz. la. lb. lc. ld. le. lf. lg. lh. li. lj. lk. ll. lm. ln. lo. lp. lq. lr. ls. lt. lu. lv. lw. lx. ly. lz. ma. mb. mc. md. me. mf. mg. mh. mi. mj. mk. ml. mm. mn. mo. mp. mq. mr. ms. mt. mu. mv. mw. mx. my. mz. na. nb. nc. nd. ne. nf. ng. nh. ni. nj. nk. nl. nm. no. np. nq. nr. ns. nt. nu. nv. nw. nx. ny. nz. oa. ob. oc. od. oe. of. og. oh. oi. oj. ok. ol. om. on. oo. op. oq. or. os. ot. ou. ov. ow. ox. oy. oz. pa. pb. pc. pd. pe. pf. pg. ph. pi. pj. pk. pl. pm. pn. po. pp. pq. pr. ps. pt. pu. pv. pw. px. py. pz. qa. qb. qc. qd. qe. qf. qg. qh. qi. qj. qk. ql. qm. qn. qo. qp. qq. qr. qs. qt. qu. qv. qw. qx. qy. qz. ra. rb. rc. rd. re. rf. rg. rh. ri. rj. rk. rl. rm. rn. ro. rp. rq. rr. rs. rt. ru. rv. rw. rx. ry. rz. sa. sb. sc. sd. se. sf. sg. sh. si. sj. sk. sl. sm. sn. so. sp. sq. sr. ss. st. su. sv. sw. sx. sy. sz. ta. tb. tc. td. te. tf. tg. th. ti. tj. tk. tl. tm. tn. to. tp. tq. tr. ts. tu. tv. tw. tx. ty. tz. ua. ub. uc. ud. ue. uf. ug. uh. ui. uj. uk. ul. um. un. uo. up. uq. ur. us. ut. uu. uv. uw. ux. uy. uz. va. vb. vc. vd. ve. vf. vg. vh. vi. vj. vk. vl. vm. vn. vo. vp. vq. vr. vs. vt. vu. vv. vw. vx. vy. vz. wa. wb. wc. wd. we. wf. wg. wh. wi. wj. wk. wl. wm. wn. wo. wp. wq. wr. ws. wt. wu. wv. ww. wx. wy. wz. xa. xb. xc. xd. xe. xf. xg. xh. xi. xj. xk. xl. xm. xn. xo. xp. xq. xr. xs. xt. xu. xv. xw. xx. xy. xz. ya. yb. yc. yd. ye. yf. yg. yh. yi. yj. yk. yl. ym. yn. yo. yp. yq. yr. ys. yt. yu. yv. yw. yx. yy. yz. za. zb. zc. zd. ze. zf. zg. zh. zi. zj. zk. zl. zm. zn. zo. zp. zq. zr. zs. zt. zu. zv. zw. zx. zy. zz. | | | | | | | | | | | | EPA | | | | | |
| | | | | | | | | | | | | | | STATE | | | |
| | | | | | | | | EPA | | | | | | | | | |
| | | | | | | | | STATE | | | | | | | | | |
| | | | | | | | | EPA | | | | | | | | | |
| | | | | | | | | STATE | | | | | | | | | |
| | | | | | | | | EPA | | | | | | | | | |
| | | | | | | | | STATE | | | | | | | | | |
| J. Additional Descriptions for Materials listed Above Polychlorinated Biphenyls a. Soil 130 | | | | | | K. Handling Codes for Wastes Listed Above a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j <input type="checkbox"/> k <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> n <input type="checkbox"/> o <input type="checkbox"/> p <input type="checkbox"/> q <input type="checkbox"/> r <input type="checkbox"/> s <input type="checkbox"/> t <input type="checkbox"/> u <input type="checkbox"/> v <input type="checkbox"/> w <input type="checkbox"/> x <input type="checkbox"/> y <input type="checkbox"/> z <input type="checkbox"/> aa <input type="checkbox"/> ab <input type="checkbox"/> ac <input type="checkbox"/> ad <input type="checkbox"/> ae <input type="checkbox"/> af <input type="checkbox"/> ag <input type="checkbox"/> ah <input type="checkbox"/> ai <input type="checkbox"/> aj <input type="checkbox"/> ak <input type="checkbox"/> al <input type="checkbox"/> am <input type="checkbox"/> an <input type="checkbox"/> ao <input type="checkbox"/> ap <input type="checkbox"/> aq <input type="checkbox"/> ar <input type="checkbox"/> as <input type="checkbox"/> at <input type="checkbox"/> au <input type="checkbox"/> av <input type="checkbox"/> aw <input type="checkbox"/> ax <input type="checkbox"/> ay <input type="checkbox"/> az <input type="checkbox"/> ba <input type="checkbox"/> bb <input type="checkbox"/> bc <input type="checkbox"/> bd <input type="checkbox"/> be <input type="checkbox"/> bf <input type="checkbox"/> bg <input type="checkbox"/> bh <input type="checkbox"/> bi <input type="checkbox"/> bj <input type="checkbox"/> bk <input type="checkbox"/> bl <input type="checkbox"/> bm <input type="checkbox"/> bn <input type="checkbox"/> bo <input type="checkbox"/> bp <input type="checkbox"/> bq <input type="checkbox"/> br <input type="checkbox"/> bs <input type="checkbox"/> bt <input type="checkbox"/> bu <input type="checkbox"/> bv <input type="checkbox"/> bw <input type="checkbox"/> bx <input type="checkbox"/> by <input type="checkbox"/> bz <input type="checkbox"/> ca <input type="checkbox"/> cb <input type="checkbox"/> cc <input type="checkbox"/> cd <input type="checkbox"/> ce <input type="checkbox"/> cf <input type="checkbox"/> cg <input type="checkbox"/> ch <input type="checkbox"/> ci <input type="checkbox"/> cj <input type="checkbox"/> ck <input type="checkbox"/> cl <input type="checkbox"/> cm <input type="checkbox"/> cn <input type="checkbox"/> co <input type="checkbox"/> cp <input type="checkbox"/> cq <input type="checkbox"/> cr <input type="checkbox"/> cs <input type="checkbox"/> ct <input type="checkbox"/> cu <input type="checkbox"/> cv <input type="checkbox"/> cw <input type="checkbox"/> cx <input type="checkbox"/> cy <input type="checkbox"/> cz <input type="checkbox"/> da <input type="checkbox"/> db <input type="checkbox"/> dc <input type="checkbox"/> dd <input type="checkbox"/> de <input type="checkbox"/> df <input type="checkbox"/> dg <input type="checkbox"/> dh <input type="checkbox"/> di <input type="checkbox"/> dj <input type="checkbox"/> dk <input type="checkbox"/> dl <input type="checkbox"/> dm <input type="checkbox"/> dn <input type="checkbox"/> do <input type="checkbox"/> dp <input type="checkbox"/> dq <input type="checkbox"/> dr <input type="checkbox"/> ds <input type="checkbox"/> dt <input type="checkbox"/> du <input type="checkbox"/> dv <input type="checkbox"/> dw <input type="checkbox"/> dx <input type="checkbox"/> dy <input type="checkbox"/> dz <input type="checkbox"/> ea <input type="checkbox"/> eb <input type="checkbox"/> ec <input type="checkbox"/> ed <input type="checkbox"/> ee <input type="checkbox"/> ef <input type="checkbox"/> eg <input type="checkbox"/> eh <input type="checkbox"/> ei <input type="checkbox"/> ej <input type="checkbox"/> ek <input type="checkbox"/> el <input type="checkbox"/> em <input type="checkbox"/> en <input type="checkbox"/> eo <input type="checkbox"/> ep <input type="checkbox"/> eq <input type="checkbox"/> er <input type="checkbox"/> es <input type="checkbox"/> et <input type="checkbox"/> eu <input type="checkbox"/> ev <input type="checkbox"/> ew <input type="checkbox"/> ex <input type="checkbox"/> ey <input type="checkbox"/> ez <input type="checkbox"/> fa <input type="checkbox"/> fb <input type="checkbox"/> fc <input type="checkbox"/> fd <input type="checkbox"/> fe <input type="checkbox"/> fg <input type="checkbox"/> fh <input type="checkbox"/> fi <input type="checkbox"/> fj <input type="checkbox"/> fk <input type="checkbox"/> fl <input type="checkbox"/> fm <input type="checkbox"/> fn <input type="checkbox"/> fo <input type="checkbox"/> fp <input type="checkbox"/> fq <input type="checkbox"/> fr <input type="checkbox"/> fs <input type="checkbox"/> ft <input type="checkbox"/> fu <input type="checkbox"/> fv <input type="checkbox"/> fw <input type="checkbox"/> fx <input type="checkbox"/> fy <input type="checkbox"/> fz <input type="checkbox"/> ga <input type="checkbox"/> gb <input type="checkbox"/> gc <input type="checkbox"/> gd <input type="checkbox"/> ge <input type="checkbox"/> gf <input type="checkbox"/> gg <input type="checkbox"/> gh <input type="checkbox"/> gi <input type="checkbox"/> gj <input type="checkbox"/> gk <input type="checkbox"/> gl <input type="checkbox"/> gm <input type="checkbox"/> gn <input type="checkbox"/> go <input type="checkbox"/> gp <input type="checkbox"/> gq <input type="checkbox"/> gr <input type="checkbox"/> gs <input type="checkbox"/> gt <input type="checkbox"/> gu <input type="checkbox"/> gv <input type="checkbox"/> gw <input type="checkbox"/> gx <input type="checkbox"/> gy <input type="checkbox"/> gz <input type="checkbox"/> ha <input type="checkbox"/> hb <input type="checkbox"/> hc <input type="checkbox"/> hd <input type="checkbox"/> he <input type="checkbox"/> hf <input type="checkbox"/> hg <input type="checkbox"/> hh <input type="checkbox"/> hi <input type="checkbox"/> hj <input type="checkbox"/> hk <input type="checkbox"/> hl <input type="checkbox"/> hm <input type="checkbox"/> hn <input type="checkbox"/> ho <input type="checkbox"/> hp <input type="checkbox"/> hq <input type="checkbox"/> hr <input type="checkbox"/> hs <input type="checkbox"/> ht <input type="checkbox"/> hu <input type="checkbox"/> hv <input type="checkbox"/> hw <input type="checkbox"/> hx <input type="checkbox"/> hy <input type="checkbox"/> hz <input type="checkbox"/> ia <input type="checkbox"/> ib <input type="checkbox"/> ic <input type="checkbox"/> id <input type="checkbox"/> ie <input type="checkbox"/> if <input type="checkbox"/> ig <input type="checkbox"/> ih <input type="checkbox"/> ii <input type="checkbox"/> ij <input type="checkbox"/> ik <input type="checkbox"/> il <input type="checkbox"/> im <input type="checkbox"/> in <input type="checkbox"/> io <input type="checkbox"/> ip <input type="checkbox"/> iq <input type="checkbox"/> ir <input type="checkbox"/> is <input type="checkbox"/> it <input type="checkbox"/> iu <input type="checkbox"/> iv <input type="checkbox"/> iw <input type="checkbox"/> ix <input type="checkbox"/> iy <input type="checkbox"/> iz <input type="checkbox"/> ja <input type="checkbox"/> jb <input type="checkbox"/> jc <input type="checkbox"/> jd <input type="checkbox"/> je <input type="checkbox"/> jf <input type="checkbox"/> jg <input type="checkbox"/> jh <input type="checkbox"/> ji <input type="checkbox"/> jj <input type="checkbox"/> jk <input type="checkbox"/> jl <input type="checkbox"/> jm <input type="checkbox"/> jn <input type="checkbox"/> jo <input type="checkbox"/> jp <input type="checkbox"/> jq <input type="checkbox"/> jr <input type="checkbox"/> js <input type="checkbox"/> jt <input type="checkbox"/> ju <input type="checkbox"/> jv <input type="checkbox"/> jw <input type="checkbox"/> jx <input type="checkbox"/> jy <input type="checkbox"/> jz <input type="checkbox"/> ka <input type="checkbox"/> kb <input type="checkbox"/> kc <input type="checkbox"/> kd <input type="checkbox"/> ke <input type="checkbox"/> kf <input type="checkbox"/> kg <input type="checkbox"/> kh <input type="checkbox"/> ki <input type="checkbox"/> kj <input type="checkbox"/> kl <input type="checkbox"/> km <input type="checkbox"/> kn <input type="checkbox"/> ko <input type="checkbox"/> kp <input type="checkbox"/> kq <input type="checkbox"/> kr <input type="checkbox"/> ks <input type="checkbox"/> kt <input type="checkbox"/> ku <input type="checkbox"/> kv <input type="checkbox"/> kw <input type="checkbox"/> kx <input type="checkbox"/> ky <input type="checkbox"/> kz <input type="checkbox"/> la <input type="checkbox"/> lb <input type="checkbox"/> lc <input type="checkbox"/> ld <input type="checkbox"/> le <input type="checkbox"/> lf <input type="checkbox"/> lg <input type="checkbox"/> lh <input type="checkbox"/> li <input type="checkbox"/> lj <input type="checkbox"/> lk <input type="checkbox"/> ll <input type="checkbox"/> lm <input type="checkbox"/> ln <input type="checkbox"/> lo <input type="checkbox"/> lp <input type="checkbox"/> lq <input type="checkbox"/> lr <input type="checkbox"/> ls <input type="checkbox"/> lt <input type="checkbox"/> lu <input type="checkbox"/> lv <input type="checkbox"/> lw <input type="checkbox"/> lx <input type="checkbox"/> ly <input type="checkbox"/> lz <input type="checkbox"/> ma <input type="checkbox"/> mb <input type="checkbox"/> mc <input type="checkbox"/> md <input type="checkbox"/> me <input type="checkbox"/> mf <input type="checkbox"/> mg <input type="checkbox"/> mh <input type="checkbox"/> mi <input type="checkbox"/> mj <input type="checkbox"/> mk <input type="checkbox"/> ml <input type="checkbox"/> mm <input type="checkbox"/> mn <input type="checkbox"/> mo <input type="checkbox"/> mp <input type="checkbox"/> mq <input type="checkbox"/> mr <input type="checkbox"/> ms <input type="checkbox"/> mt <input type="checkbox"/> mu <input type="checkbox"/> mv <input type="checkbox"/> mw <input type="checkbox"/> mx <input type="checkbox"/> my <input type="checkbox"/> mz <input type="checkbox"/> na <input type="checkbox"/> nb <input type="checkbox"/> nc <input type="checkbox"/> nd <input type="checkbox"/> ne <input type="checkbox"/> nf <input type="checkbox"/> ng <input type="checkbox"/> nh <input type="checkbox"/> ni <input type="checkbox"/> nj <input type="checkbox"/> nk <input type="checkbox"/> nl <input type="checkbox"/> nm <input type="checkbox"/> no <input type="checkbox"/> np <input type="checkbox"/> nq <input type="checkbox"/> nr <input type="checkbox"/> ns <input type="checkbox"/> nt <input type="checkbox"/> nu <input type="checkbox"/> nv <input type="checkbox"/> nw <input type="checkbox"/> nx <input type="checkbox"/> ny <input type="checkbox"/> nz <input type="checkbox"/> oa <input type="checkbox"/> ob <input type="checkbox"/> oc <input type="checkbox"/> od <input type="checkbox"/> oe <input type="checkbox"/> of <input type="checkbox"/> og <input type="checkbox"/> oh <input type="checkbox"/> oi <input type="checkbox"/> oj <input type="checkbox"/> ok <input type="checkbox"/> ol <input type="checkbox"/> om <input type="checkbox"/> on <input type="checkbox"/> oo <input type="checkbox"/> op <input type="checkbox"/> oq <input type="checkbox"/> or <input type="checkbox"/> os <input type="checkbox"/> ot <input type="checkbox"/> ou <input type="checkbox"/> ov <input type="checkbox"/> ow <input type="checkbox"/> ox <input type="checkbox"/> oy <input type="checkbox"/> oz <input type="checkbox"/> pa <input type="checkbox"/> pb <input type="checkbox"/> pc <input type="checkbox"/> pd <input type="checkbox"/> pe <input type="checkbox"/> pf <input type="checkbox"/> pg <input type="checkbox"/> ph <input type="checkbox"/> pi <input type="checkbox"/> pj <input type="checkbox"/> pk <input type="checkbox"/> pl <input type="checkbox"/> pm <input type="checkbox"/> pn <input type="checkbox"/> po <input type="checkbox"/> pp <input type="checkbox"/> pq <input type="checkbox"/> pr <input type="checkbox"/> ps <input type="checkbox"/> pt <input type="checkbox"/> pu <input type="checkbox"/> pv <input type="checkbox"/> pw <input type="checkbox"/> px <input type="checkbox"/> py <input type="checkbox"/> pz <input type="checkbox"/> qa <input type="checkbox"/> qb <input type="checkbox"/> qc <input type="checkbox"/> qd <input type="checkbox"/> qe <input type="checkbox"/> qf <input type="checkbox"/> qg <input type="checkbox"/> qh <input type="checkbox"/> qi <input type="checkbox"/> qj <input type="checkbox"/> qk <input type="checkbox"/> ql <input type="checkbox"/> qm <input type="checkbox"/> qn <input type="checkbox"/> qo <input type="checkbox"/> qp <input type="checkbox"/> qq <input type="checkbox"/> qr <input type="checkbox"/> qs <input type="checkbox"/> qt <input type="checkbox"/> qu <input type="checkbox"/> qv <input type="checkbox"/> qw <input type="checkbox"/> qx <input type="checkbox"/> qy <input type="checkbox"/> qz <input type="checkbox"/> ra <input type="checkbox"/> rb <input type="checkbox"/> rc <input type="checkbox"/> rd <input type="checkbox"/> re <input type="checkbox"/> rf <input type="checkbox"/> rg <input type="checkbox"/> rh <input type="checkbox"/> ri <input type="checkbox"/> rj <input type="checkbox"/> rk <input type="checkbox"/> rl <input type="checkbox"/> rm <input type="checkbox"/> rn <input type="checkbox"/> ro <input type="checkbox"/> rp <input type="checkbox"/> rq <input type="checkbox"/> rr <input type="checkbox"/> rs <input type="checkbox"/> rt <input type="checkbox"/> ru <input type="checkbox"/> rv <input type="checkbox"/> rw <input type="checkbox"/> rx <input type="checkbox"/> ry <input type="checkbox"/> rz <input type="checkbox"/> sa <input type="checkbox"/> sb <input type="checkbox"/> sc <input type="checkbox"/> sd <input type="checkbox"/> se <input type="checkbox"/> sf <input type="checkbox"/> sg <input type="checkbox"/> sh <input type="checkbox"/> si <input type="checkbox"/> sj <input type="checkbox"/> sk <input type="checkbox"/> sl <input type="checkbox"/> sm <input type="checkbox"/> sn <input type="checkbox"/> so <input type="checkbox"/> sp <input type="checkbox"/> sq <input type="checkbox"/> sr <input type="checkbox"/> ss <input type="checkbox"/> st <input type="checkbox"/> su <input type="checkbox"/> sv <input type="checkbox"/> sw <input type="checkbox"/> sx <input type="checkbox"/> sy <input type="checkbox"/> sz <input type="checkbox"/> ta <input type="checkbox"/> tb <input type="checkbox"/> tc <input type="checkbox"/> td <input type="checkbox"/> te <input type="checkbox"/> tf <input type="checkbox"/> tg <input type="checkbox"/> th <input type="checkbox"/> ti <input type="checkbox"/> tj <input type="checkbox"/> tk <input type="checkbox"/> tl <input type="checkbox"/> tm <input type="checkbox"/> tn <input type="checkbox"/> to <input type="checkbox"/> tp <input type="checkbox"/> tq <input type="checkbox"/> tr <input type="checkbox"/> ts <input type="checkbox"/> tu <input type="checkbox"/> tv <input type="checkbox"/> tw <input type="checkbox"/> tx <input type="checkbox"/> ty <input type="checkbox"/> tz <input type="checkbox"/> ua <input type="checkbox"/> ub <input type="checkbox"/> uc <input type="checkbox"/> ud <input type="checkbox"/> ue <input type="checkbox"/> uf <input type="checkbox"/> ug <input type="checkbox"/> uh <input type="checkbox"/> ui <input type="checkbox"/> uj <input type="checkbox"/> uk <input type="checkbox"/> ul <input type="checkbox"/> um <input type="checkbox"/> un <input type="checkbox"/> uo <input type="checkbox"/> up <input type="checkbox"/> uq <input type="checkbox"/> ur <input type="checkbox"/> us <input type="checkbox"/> ut <input type="checkbox"/> uu <input type="checkbox"/> uv <input type="checkbox"/> uw <input type="checkbox"/> ux <input type="checkbox"/> uy <input type="checkbox"/> uz <input type="checkbox"/> va <input type="checkbox"/> vb <input type="checkbox"/> vc <input type="checkbox"/> vd <input type="checkbox"/> ve <input type="checkbox"/> vf <input type="checkbox"/> vg <input type="checkbox"/> vh <input type="checkbox"/> vi <input type="checkbox"/> vj <input type="checkbox"/> vk <input type="checkbox"/> vl <input type="checkbox"/> vm <input type="checkbox"/> vn <input type="checkbox"/> vo <input type="checkbox"/> vp <input type="checkbox"/> vq <input type="checkbox"/> vr <input type="checkbox"/> vs <input type="checkbox"/> vt <input type="checkbox"/> vu <input type="checkbox"/> vv <input type="checkbox"/> vw <input type="checkbox"/> vx <input type="checkbox"/> vy <input type="checkbox"/> vz <input type="checkbox"/> wa <input type="checkbox"/> wb <input type="checkbox"/> wc <input type="checkbox"/> wd <input type="checkbox"/> we <input type="checkbox"/> wf <input type="checkbox"/> wg <input type="checkbox"/> wh <input type="checkbox"/> wi <input type="checkbox"/> wj <input type="checkbox"/> wk <input type="checkbox"/> wl <input type="checkbox"/> wm <input type="checkbox"/> wn <input type="checkbox"/> wo <input type="checkbox"/> wp <input type="checkbox"/> wq <input type="checkbox"/> wr <input type="checkbox"/> ws <input type="checkbox"/> wt <input type="checkbox"/> wu <input type="checkbox"/> wv <input type="checkbox"/> ww <input type="checkbox"/> wx <input type="checkbox"/> wy <input type="checkbox"/> wz <input type="checkbox"/> xa <input type="checkbox"/> xb <input type="checkbox"/> xc <input type="checkbox"/> xd <input type="checkbox"/> xe <input type="checkbox"/> xf <input type="checkbox"/> xg <input type="checkbox"/> xh <input type="checkbox"/> xi <input type="checkbox"/> xj <input type="checkbox"/> xk <input type="checkbox"/> xl <input type="checkbox"/> xm <input type="checkbox"/> xn <input type="checkbox"/> xo <input type="checkbox"/> xp <input type="checkbox"/> xq <input type="checkbox"/> xr <input type="checkbox"/> xs <input type="checkbox"/> xt <input type="checkbox"/> xu <input type="checkbox"/> xv <input type="checkbox"/> xw <input type="checkbox"/> xx <input type="checkbox"/> xy <input type="checkbox"/> xz <input type="checkbox"/> ya <input type="checkbox"/> yb <input type="checkbox"/> yc <input type="checkbox"/> yd <input type="checkbox"/> ye <input type="checkbox"/> yf <input type="checkbox"/> yg <input type="checkbox"/> yh <input type="checkbox"/> yi <input type="checkbox"/> yj <input type="checkbox"/> yk <input type="checkbox"/> yl <input type="checkbox"/> ym <input type="checkbox"/> yn <input type="checkbox"/> yo <input type="checkbox"/> yp <input type="checkbox"/> yq <input type="checkbox"/> yr <input type="checkbox"/> ys <input type="checkbox"/> yt <input type="checkbox"/> yu <input type="checkbox"/> yv <input type="checkbox"/> yw <input type="checkbox"/> yx <input type="checkbox"/> yy <input type="checkbox"/> yz <input type="checkbox"/> za <input type="checkbox"/> zb <input type="checkbox"/> zc <input type="checkbox"/> zd <input type="checkbox"/> ze <input type="checkbox"/> zf <input type="checkbox"/> zg <input type="checkbox"/> zh <input type="checkbox"/> zi <input type="checkbox"/> zj <input type="checkbox"/> zk <input type="checkbox"/> zl <input type="checkbox"/> zm <input type="checkbox"/> zn <input type="checkbox"/> zo <input type="checkbox"/> zp <input type="checkbox"/> zq <input type="checkbox"/> zr <input type="checkbox"/> zs <input type="checkbox"/> zt <input type="checkbox"/> zu <input type="checkbox"/> zv <input type="checkbox"/> zw <input type="checkbox"/> zx <input type="checkbox"/> zy <input type="checkbox"/> zz. | | | | | | | | | | EPA | |
| | | | | | | | | STATE | | | | | | | | | |
| | | | | | | | | EPA | | | | | | | | | |
| | | | | | | | | STATE | | | | | | | | | |
| | | | | | | | | EPA | | | | | | | | | |
| | | | | | | | | STATE | | | | | | | | | |
| | | | | | | | | EPA | | | | | | | | | |
| | | | | | | | | STATE | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information NO # 206181 BEI Job # PO # 1670 WPS # BE2562MOC VIN # 412-47-415 NJ Decal # 412-47-415 Contract # BE285924 24hr. Emergency Phone # (205) 652-9721 | | | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | | | | | |
| Printed/Typed Name David E. L... | | | | Signature David E. L... | | | | Mo. Day Year 10 09 92 | | | | | | | | | |
| 17. Transporter 1 (Acknowledgement of Receipt of Materials) Printed/Typed Name Gerald J Amrhein | | | | | | | | | | | | | | | | | |
| Signature Gerald J Amrhein | | | | Mo. Day Year 10 09 92 | | | | | | | | | | | | | |
| 18. Transporter 2 (Acknowledgement of Receipt of Materials) Printed/Typed Name | | | | | | | | | | | | | | | | | |
| Signature | | | | Mo. Day Year | | | | | | | | | | | | | |
| 19. Discrepancy Indication Space | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name | | | | | | | | | | | | | | | | | |
| Signature | | | | Mo. Day Year | | | | | | | | | | | | | |

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved OMB No. 2050-0039 Expires 9-30-94

Please print, or type. Do not Staple.

| | | | | | | | | | |
|--|--|--|--|-----------------------------------|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA No. NY D 9 8 6 9 4 8 1 3 4 6 4 9 8 5 | | Manifest Document No. 1 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal Law. | |
| 3. Generator's Name and Mailing Address HEXCEL CORPORATION 205 Main Street, Lodi, NJ 07644 | | | | | | A. State Manifest Document No. NY B 586498 5 | | | |
| 4. Generator's Phone (201) 472-6800 | | | | | | B. Generator's ID 201 | | | |
| 5. Transporter 1 (Company Name) Chemical Waste Management | | | 6. US EPA ID Number NY D 0 4 9 8 3 6 6 7 9 | | | C. State Transporter's ID 14648 1 15 | | | |
| 7. Transporter 2 (Company Name) | | | 8. US EPA ID Number | | | D. Transporter's Phone (914) 277-0602 | | | |
| 9. Designated Facility Name and Site Address Chemical Waste Management 1550 Balser Road Model City, NY 14107 | | | | | | E. State Transporter's ID | | | |
| 10. US EPA ID Number NY D 0 4 9 8 3 6 6 7 9 | | | | | | F. Transporter's Phone () | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | |
| a. 10 Hazardous Substance Solid, H.O.S. (PCB's) CHL-3 #19180 Quide # 31 EQ-11b | | | | | | No. Type | | Unit | |
| | | | | | | | | Waste No. | |
| | | | | | | | | EPA | |
| | | | | | | | | STATE | |
| | | | | | | | | EPA | |
| | | | | | | | | STATE | |
| | | | | | | | | EPA | |
| | | | | | | | | STATE | |
| J. Additional Descriptions for Materials listed Above Polychlorinated Biphenyls | | | | | | K. Handling Codes for Wastes Listed Above | | | |
| a. Soil 130 | | | | | | a. <input checked="" type="checkbox"/> | | c. <input type="checkbox"/> | |
| b. | | | | | | b. <input type="checkbox"/> | | d. <input type="checkbox"/> | |
| 15. Special Handling Instructions and Additional Information WO # 206180 WPS # B27562MDC Contract # E04285924 DEI Job # VIN # 175424 24hr. Emergency Phone # (205) 652-9721 PO # 1670 NJ Decal # 4004 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | Mo. Day Year | |
| 17. Transporter 1 (Acknowledgement of Receipt of Materials) | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | Mo. Day Year | |
| 18. Transporter 2 (Acknowledgement or Receipt of Materials) | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | Mo. Day Year | |
| 19. Discrepancy Indication Space | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | Mo. Day Year | |

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-94

Please print or type. Do not Staple.

| | | | | | | | | | | | | | |
|--|--|---|--|-----------------------------------|--|--|--|---|--|----------|--|---------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA No. N J D 9 8 6 2 4 8 1 3 4 6 3 3 1 8 | | Manifest Document No. 1 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal Law. | | | | | |
| 3. Generator's Name and Mailing Address BETHEL CORPORATION 205 Main Street, Lodi, NJ 07644 | | | | | | A. State Manifest Document No. NY B 586531 8 | | | | | | | |
| 4. Generator's Phone (201) 472-5800 | | | | | | B. Generator's ID 586531 8 | | | | | | | |
| 5. Transporter 1 (Company Name) Chemical Waste Management | | | 6. US EPA ID Number 12120717200010 | | | C. State Transporter's ID 3 10 | | | | | | | |
| 7. Transporter 2 (Company Name) | | | 8. US EPA ID Number | | | D. Transporter's Phone (716) 574-8231 | | | | | | | |
| 9. Designated Facility Name and Site Address Chemical Waste Management 1550 Balzer Road Model City, NY 14107 | | | 10. US EPA ID Number N Y D 0 4 9 8 1 6 6 7 9 | | | E. State Transporter's ID | | | | | | | |
| | | | | | | F. Transporter's Phone () | | | | | | | |
| | | | | | | G. State Facility's ID | | | | | | | |
| | | | | | | H. Facility's Phone (716) 754-8231 | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit | | 15. Waste No. | |
| a. NO Hazardous Substance Solid, N.O.S. (PCB's) GEN-X 849188 Grade # 31 RC-11b | | | | | | 1 | | 1 | | 1 | | None | |
| b. | | | | | | | | | | | | EPA | |
| c. | | | | | | | | | | | | STATE | |
| d. | | | | | | | | | | | | EPA | |
| | | | | | | | | | | | | STATE | |
| J. Additional Descriptions for Materials listed Above Polychlorinated Biphenyls | | | | | | K. Handling Codes for Wastes Listed Above | | | | | | | |
| a Solid 130 c | | | | | | a <input checked="" type="checkbox"/> | | c <input type="checkbox"/> | | | | | |
| b | | | | | | b <input type="checkbox"/> | | d <input type="checkbox"/> | | | | | |
| 15. Special Handling Instructions and Additional Information NO # 206187 WPS # 88256280C Contract # 809285924 NOI Job # VIN # 12120717200010 24hr. Emergency Phone # (205) 652-9721 PO # 1670 NJ Decal # 4 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Mo. Day Year | |
| 17. Transporter 1 (Acknowledgement of Receipt of Materials) | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Mo. Day Year | |
| 18. Transporter 2 (Acknowledgement of Receipt of Materials) | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Mo. Day Year | |
| 19. Discrepancy Indication Space | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Mo. Day Year | |

883980009

NY B 586531 8

APPENDIX B

Laboratory Analyses for Basement
Seepage Discharge and September 1992 MR-2 Form

USER LARGE SELF MONITORING REP T

NAME: Fine Organics Corporation

ADDRESS: 205 Main Street, Lodi, NJ 07644


FACILITY LOCATION: _____

OUTLET DESIGNATION (17 DIGITS): 17405041-37430-0171 Outlet # Industrial Sewer

| MONITORING PERIOD | | | | | |
|-------------------|-----|------|-----|-----|------|
| 09 | 01 | 92 | 09 | 30 | 92 |
| MO | DAY | YEAR | MO | DAY | YEAR |
| START | | | END | | |

| |
|---|
| Vol Discharged This Period |
| 4200 GALS. |
| CU.FT X 7.48 = Gallons |
| |
| Effluent Meter Reading Last Day This Period |

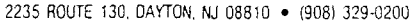
| DATE | BOD 0310 (mg/l) | TSS 0530 (mg/l) | pH | COD | µg/l PCB | Station Location | Lab Sample # | Gal. |
|---------------------------------------|--------------------|--------------------|-----|------|-------------|---|--------------------|------|
| INFLUENT (RAW) SAMPLING:- | | | | | | | | |
| 08/18/92 | 440 | 680 | 7.3 | 2300 | 3000 | TANK H ₅ THRU H ₇ | E221808 | — |
| EFFLUENT (AFTER TREATMENT) SAMPLING:- | | | | | | | | |
| 08/26/92 | 160 | <4.0 | 7.2 | 710 | <0.50 | FINAL TANK H ₁ | E222471 E222472 | 4200 |
| 09/01/92 | — | — | — | — | — | DISCHARGE LINE | E223038 | — |
| 09/01/92 DISCHARGE TO P.V.S.C. | | | | | | | | |
| ND indicates less than 0.5 µg/l | | | | | | | | |

| SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT | TYPE NAME AND TITLE | TELEPHONE NO. |
|--|--|---------------|
|  | DAVID H. KNOWLES, LICENSED OPERATOR | 201-912-2584 |
| PVSC FORM MR-2 REV. 2 1/86 | | DATE 10/5/92 |

92JR2043.T1

883980011

Influent Laboratory Analyses of Basement Seepage
Discharge for September, 1992 MR-2 Form





ACCUTEST
2235 ROUTE 130, DAYTON, NJ 08810 • (908) 329-0200

ANALYSIS REPORT FOR VOLATILE ORGANICS BY GC/MS

| | | | |
|---------------|------------|---------------|-----------------|
| | | <u>DATA</u> | <u>ANALYSIS</u> |
| | | <u>FILES</u> | <u>DATE</u> |
| CLIENT : | KILLAM | Initial : | >A3305 |
| LAB SAMPLE #: | E221808 | Dilution #1 : | >A3384 |
| MATRIX : | WATER | Dilution #2 : | |
| METHOD : | SW846 8240 | | 08/25/92 |
| | | | 08/28/92 |

| | COMPOUND | RESULT (ug/L) | MDL (ug/L) | Q |
|-----|----------------------------|------------------|---------------|---|
| 1) | ACROLEIN | ND | 100000 | |
| 2) | ACRYLONITRILE | ND | 100000 | |
| 3) | BENZENE | ND | 5000 | |
| 4) | BROMOFORM | ND | 5000 | |
| 5) | BROMODICHLOROMETHANE | ND | 5000 | |
| 6) | BROMOMETHANE | ND | 10000 | |
| 7) | CARBON TETRACHLORIDE | ND | 5000 | |
| 8) | CHLOROBENZENE | 33000 | 5000 | |
| 9) | CHLOROETHANE | ND | 10000 | |
| 10) | 2-CHLOROETHYL VINYL ETHER | ND | 10000 | |
| 11) | CHLOROFORM | ND | 5000 | |
| 12) | CHLOROMETHANE | ND | 10000 | |
| 13) | cis-1,3-DICHLOROPROPENE | ND | 5000 | |
| 14) | DIBROMOCHLOROMETHANE | ND | 5000 | |
| 15) | 1,2-DICHLOROBENZENE | 5300 | 5000 | |
| 16) | 1,3-DICHLOROBENZENE | ND | 5000 | |
| 17) | 1,4-DICHLOROBENZENE | ND | 5000 | |
| 18) | 1,1-DICHLOROETHANE | ND | 5000 | |
| 19) | 1,2-DICHLOROETHANE | ND | 5000 | |
| 20) | 1,1-DICHLOROETHYLENE | ND | 5000 | |
| 21) | trans-1,2-DICHLOROETHYLENE | 6100 | 5000 | |
| 22) | trans-1,3-DICHLOROPROPENE | ND | 5000 | |
| 23) | 1,2-DICHLOROPROPANE | ND | 5000 | |
| 24) | ETHYLBENZENE | ND | 5000 | |
| 25) | METHYLENE CHLORIDE | 440000 (1) | 25000 | |
| 26) | 1,1,2,2-TETRACHLOROETHANE | ND | 5000 | |
| 27) | TETRACHLOROETHYLENE | 55000 | 5000 | |
| 28) | TOLUENE | 4900 | 5000 | J |
| 29) | 1,1,1-TRICHLOROETHANE | 9600 | 5000 | |
| 30) | 1,1,2-TRICHLOROETHANE | ND | 5000 | |
| 31) | TRICHLOROETHYLENE | 2300 | 5000 | J |
| 32) | TRICHLOROFLUOROMETHANE | ND | 5000 | |
| 33) | VINYL CHLORIDE | ND | 10000 | |
| 34) | XYLENE (TOTAL) | ND | 5000 | |

ND = NOT DETECTED

MDL= METHOD DETECTION LIMIT

(1) - RESULTS REPORTED FROM DILUTION #1
(2) - RESULTS REPORTED FROM DILUTION #2

QUALIFIERS (Q)

J =INDICATES AN ESTIMATED VALUE BELOW MDL

B =INDICATES COMPOUND FOUND IN THE ASSOCIATED BLANK AS WELL AS IN SAMPLE

E =ESTIMATED VALUE; EXCEEDS INSTRUMENT CALIBRATION RANGE



ACCUTEST
2235 ROUTE 130, DAYTON, NJ 08810 • (908) 329-0200

ANALYSIS REPORT

| SAMPLE No | COLLECTED | | | POINT OF COLLECTION |
|-----------|-----------|-------|----|--|
| | DATE | TIME | BY | |
| E221808 | 08/18/92 | 09:00 | ES | WATER - TANK H5 THRU H7 COMPOSITE SAMPLE HEXCEL, LODI, NJ |

| TEST DESCRIPTION | RESULT | MDL | UNITS | DATE | INIT |
|--------------------------|--------|-----|-------|----------|------|
| PCB'S^A | | | | | |
| AROCHLOR 1016 | ND | 120 | UG/L | 08/22/92 | JMC |
| AROCHLOR 1221 | ND | 120 | UG/L | 08/22/92 | JMC |
| AROCHLOR 1232 | ND | 120 | UG/L | 08/22/92 | JMC |
| AROCHLOR 1242 | 3000 | 240 | UG/L | 08/22/92 | JMC |
| AROCHLOR 1248 | ND | 120 | UG/L | 08/22/92 | JMC |
| AROCHLOR 1254 | ND | 120 | UG/L | 08/22/92 | JMC |
| AROCHLOR 1260 | ND | 120 | UG/L | 08/22/92 | JMC |

^A MDL ELEVATED DUE TO DILUTION FACTOR.

ND = NOT DETECTED
UG/L = PPB MG/L = PPM
MDL = METHOD DETECTION LIMIT

VINCENT J. PUGLIESE
PRESIDENT



| SAMPLE No | COLLECTED | | | POINT OF COLLECTION |
|-----------|-----------|-------|----|--|
| | DATE | TIME | BY | |
| E221808 | 08/18/92 | 09:00 | ES | WATER - TANK H5 THRU H7 COMPOSITE SAMPLE HEXCEL, LODI, NJ |

| TEST DESCRIPTION | RESULT | MDL | UNITS | DATE | INIT |
|----------------------------------|--------|-----|-------|----------|------|
| BIOCHEMICAL OXYGEN DEMAND, 5 DAY | 440 | 10 | MG/L | 08/19/92 | LAF |
| CHEMICAL OXYGEN DEMAND | 2300 | 20 | MG/L | 08/20/92 | SRT |
| SOLIDS, TOTAL SUSPENDED | 680 | 4.0 | MG/L | 08/19/92 | LMM |
| pH | 7.3 | | SU | 08/19/92 | LMM |

VINCENT J. PUGLIESE
PRESIDENT